

SERFF Tracking Number: FDRE-125295661 State: Arkansas  
Filing Company: Federated Rural Electric Insurance Exchange State Tracking Number: AR-PC-07-026449  
Company Tracking Number: 03 WC 01-01-08  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers' Compensation  
Project Name/Number: Loss Cost Adoption/03 WC 01-01-08

## Filing at a Glance

Company: Federated Rural Electric Insurance Exchange

Product Name: Workers' Compensation	SERFF Tr Num: FDRE-125295661	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-026449
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 03 WC 01-01-08	State Status:
Filing Type: Rate	Co Status: In Progress	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Authors: Annette Alexander, Shelly George	Disposition Date: 10/24/2007
	Date Submitted: 10/16/2007	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal): 01/01/2008

## General Information

Project Name: Loss Cost Adoption	Status of Filing in Domicile: Not Filed
Project Number: 03 WC 01-01-08	Domicile Status Comments:
Reference Organization: NCCI	Reference Number: AR-2007-13
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/24/2007	
State Status Changed: 10/17/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Adoption of new loss costs.	

## Company and Contact

### Filing Contact Information

Shelly George, Actuarial Assistant	SGeorge@FederatedRural.com
11875 W. 85th St.	(913) 541-2958 [Phone]
Lenexa, KS 66214	(913) 541-2858[FAX]

SERFF Tracking Number:	FDRE-125295661	State:	Arkansas
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### Filing Company Information

Federated Rural Electric Insurance Exchange	CoCode: 1	State of Domicile: Kansas
11875 W. 85th St.	Group Code:	Company Type: Commercial
		Property & Casualty
Lenexa, KS 66218	Group Name:	State ID Number:
(913) 541-2952 ext. [Phone]	FEIN Number: 39-6058596	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
088767	\$50.00	09/19/2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/24/2007	10/24/2007

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	10/17/2007	10/17/2007	Shelly George	10/19/2007	10/19/2007
Industry						
Response						

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## Disposition

Disposition Date: 10/24/2007  
Effective Date (New): 01/01/2008  
Effective Date (Renewal): 01/01/2008  
Status: Approved  
Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Federated Rural Electric Insurance Exchange	2.400%	\$73	2	\$3,053	%	%	2.400%

SERFF Tracking Number:	FDRE-125295661	State:	Arkansas
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	RATE PAGE	Approved	Yes
Rate	RATE PAGE	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/17/2007  
Submitted Date 10/17/2007

Respond By Date

Dear Shelly George,

This will acknowledge receipt of the captioned filing.

This filing adopts AR-2007-13 but does not state the Item Filing number which is often different than the Circular number. At this time we not approved an Item Filing Number AR-2007-13 so I assume this is a circular number. We do not receive circulars which are issued after the Item Filing is approved. Often Circulars and Item Filings have the same numbers but are not related to each other. We CANNOT accept the Circular number in lieu of the Item Filing Number. You must state the Item Filing Number.

Please state the loss cost multiplier that you have on file so I can doublecheck our database.

The rate pages you have attached are not in the .pdf format. All documents must be submitted in the .pdf format so they may be submitted to the PDF Pipeline.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/19/2007  
Submitted Date 10/19/2007

Dear Carol Stiffler,

**Comments:**

## Response 1

SERFF Tracking Number: FDRE-125295661 State: Arkansas  
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Comments: We would like to change our proposal to adopt Circular # AR-2007-13 with NCCI Item Filing # AR-2007-10.  
We apologize for the oversight.

Our LCM currently on file is 1.36 effective as of 8/1/2003.

The Rate Page has been reformatted to PDF and attached.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

**Rate/Rule Schedule Item Changes**

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
RATE PAGE	RATE PAGE	Replacement	03 WC 07-2007

Sincerely,  
Annette Alexander, Shelly George



<i>SERFF Tracking Number:</i>	<i>FDRE-125295661</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federated Rural Electric Insurance Exchange</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026449</i>
<i>Company Tracking Number:</i>	<i>03 WC 01-01-08</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>Loss Cost Adoption/03 WC 01-01-08</i>		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	File and use
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	-10.600%
<b>Effective Date of Last Rate Revision:</b>	07/01/2007
<b>Filing Method of Last Filing:</b>	File and use

## Company Rate Information

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>
Federated Rural Electric Insurance Exchange	2.400%	2.400%	\$73	2	\$3,053	%	%

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	RATE PAGE	RATE PAGE	Replacement	03 WC 07-2007 AR WC Rate Pg 1-1-08.pdf

**Federated Rural Electric Insurance Exchange**  
**11875 West 85<sup>th</sup> Street**  
**Lenexa, Kansas 66214**

Arkansas  
State Code 03  
Effective 1/1/2008

## **Workers' Compensation and Employer's Liability**

### **Manual Page**

<b>Job Classification</b>	<b><u>Code</u></b>	<b><u>Rate</u></b>
	7421	2.20
	7520	2.95
	7540	3.98
	7600	2.91
	8350	5.11
	8742	0.50
	8810	0.24
	8901	0.29

### **Miscellaneous Values**

**Premium Discount Percentages.** The following discounts are applicable to Standard Premiums:

First	\$	10,000	.....	- - - - -
Over		10,000	.....	5 %

### **Terrorism Risk Insurance Act – Certified Losses (Advisory Loss Costs) \$0.02**

United States Longshoremen's and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Rule XII-D-3 "U.S. Longshoremen's and Harbor Workers' Compensation Act" of the Basic Manual ..... 104 %

(Multiply a Non—"F" Classification Rate by a Factor of 2.04)

No Minimum Premium required.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 10/24/2007

**Comments:**

**Attachment:**

AR Transmittal Document 1-1-08.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document  
for Workers' Compensation **Review Status:** Approved 10/24/2007

**Bypass Reason:** Not necessary for this type of filing.

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Approved 10/24/2007

**Bypass Reason:** Information covered in Transmittal Document.

**Comments:**

# Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">a. Date the filing is received:</td></tr> <tr><td style="padding: 2px;">b. Analyst:</td></tr> <tr><td style="padding: 2px;">c. Disposition:</td></tr> <tr><td style="padding: 2px;">d. Date of disposition of the filing:</td></tr> <tr><td style="padding: 2px;">e. Effective date of filing:</td></tr> <tr><td style="padding: 2px;">f. State Filing #:</td></tr> <tr><td style="padding: 2px;">g. SERFF Filing #:</td></tr> </table>	a. Date the filing is received:	b. Analyst:	c. Disposition:	d. Date of disposition of the filing:	e. Effective date of filing:	f. State Filing #:	g. SERFF Filing #:
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b. Analyst:								
c. Disposition:								
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f. State Filing #:								
g. SERFF Filing #:								

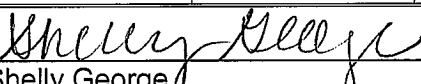
<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #
Federated Rural Electric Insurance Exchange	KS	11118	39-6058596

<b>5. Company Tracking Number</b>	AR WC 01-01-08
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Shelly George, 11875 W. 85 <sup>th</sup> , Lenexa, KS 66214	Actuarial Asst.	1-800-356-8360 Ext. 158	913-541-9004	SGeorge@Federated Rural.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Shelly George

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Workers' Compensation
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	16.00
12. Company Program Title (Marketing title)	Rural Electric Cooperatives
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New:                      Renewal: <b>January 01, 2008</b>
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	October 16, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	03 WC 01-01-08
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21.	<b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
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Adoption of 01/01/2008 loss costs. No change in current LCM on file.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: 088767  
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
(Do not refer to the body of the filing for the forms listing.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) (**Do not refer to the body of the filing for the forms listing.**) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>03 WC 01-01-08</b>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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☒ Rate Increase
 ☐ Rate Decrease
 ☐ Rate Neutral (0%)

<b>3.</b>	<b>Overall percentage rate impact for this filing</b>	2.4
<b>4.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	\$73.00
<b>5.</b>	<b>Effect of Rate Filing – Number of policyholders</b>	2
<b>6.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File and Use

Rate Change by Company			
Company Name	Percentage Change	Effect of Rate Filing	
		# of policyholders for this program	Written premium change for this program
Federated Rural Elec. Ins Exchg.	2.4%	2	\$73.00

<b>8.</b>	<b>Overall percentage of last rate revision</b>	-10.6%
<b>9.</b>	<b>Effective Date of last rate revision</b>	07/01/2007
<b>10.</b>	<b>Filing Method of Last filing</b> (Prior Approval, File & Use, Flex Band, etc.)	File and use

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or withdrawn?	Previous state filing number, if required by state
01	DOM – Rate Page	Page 1 (There's only one page)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)